## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

## Feb 18, 2008 08:00 AN Secretary of State DOCUMENT # P95000032260 NEENA GUPTA, D.O., P.A. Principal Place of Business Mailing Address 5430 W. SAMPLE ROAD 5430 W. SAMPLE ROAD MARGATE, FL 33073 MARGATE, FL 33073 01282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0580092 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent **GUPTA, NEENA** DO NOT WRITE 5430 W. SAMPLE ROAD MARGATE, FL 33073 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees U00000823891 OFFICERS AND DIRECTORS 10. GUPTA, NEENA NAME STREET ADDRESS 5430 W. SAMPLE ROAD MARGATE, FL 33073 CITY-ST-ZIP BITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**